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Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

6941HILL CREST VILLAS CONDOMINIUM ASSOCIATION, INC
SUBJECT:

Name of Corporation

DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## DOROTHY SPRIGGS

Name of Contact Person

SUNCOAST PROPERTY SERVICES, INC.

Firm/Company

2821 SHERBROOKE LANE, Apt. A

Address

PALM HARBOR, FLORIDA 34684

City/State and Zip Code

dott2spr@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dorothy Spriggs** 

,,727 773-694

Name of Contact Person

Area Code & Daytime Telephone Number

My July 9 My 9. 28

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of Florida office or registered agent, or both, in the State of Florida.
The name of the comoration. Hill Cre	est Villas Condominium Association, Inc
2. The principal office address: 2821 S	herbrooke Lane, Apt. A
Palm Harbor, Florida 3468	
3. The mailing address (if different): PO	BOX 1624
Palm Harbor, Florida 346	82
4. Date of incorporation/qualification: 08	3/30/1978
	ent registered agent and registered office on file with the
Condominium Ma	nagement Group
7800 66th Street	N., #205
Pinellas Park, Flo	orida 33781
6. The name and street address of the new (if changed):	registered agent (if changed) and /or registered office  , Ln., Apt. A  P.O. Box NOT acceptable rida 34684
Dorothy Spriggs	19 G
2821 Sherbrooke	, Ln., Apt. A
	P.O. Box NOT acceptable
Palm Harbor, Flo	rida 34684
The street address of its registered office as changed will be identical.	and the street address of the business office of its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.
///////////////////////////////////////	Diane Martin, President
Signature of an officer or director	Printed or typed name and title
I further agree to comply with the provis performance of my duties, and I am fami	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered I merely to reflect a change in the registered office address, I been notified in writing of this change.
Signatur of pegistered Agent	7/17/17 Date
If signing on behalf of an entity:	
Dorothy Spriggs Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*